ARPLICATION FOR RECORDS RETENTION SCHEDULE

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF ADMINISTRATIVE SERVICES
RECORDS ASSAGEMENT HALT INVENTED

For instruction and completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia Records Phone (404) 656-4976 GIST: 221-4983

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DHR	1. GEORGIA DEPARTMENT OF HUMAN RESO	ARCHIVES AND HISTORY				
pplication Data	Division of Public Health Adult Health Unit	Application Number RECEIVED				
1/2/86						
pplication Number	Atlanta, Ga. 30309		Date Received	Date Completed		
86-1			JAN 6 1986	FEB 2 5 1986		
Person to Contact	Worl	king Title		Telephone Number		
Carol Steiner	Pro	ogram Direct	tor	894-4405		
. Action Requested				1		
	nedule; record will continue to accumulate.	nge records	cut-off only,	see itèm 12		
b. ☐ Dispose of present accuc. ☑ Amend Application No	mulation; no further accumulation anticipated.					
. Dates of Series	5. Records Series Title (followed by title used in a	orrice; ir airrerent)				
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7. Records Series Description	This file contains the following documents (include	form numbers and	titles, if any): Attach	samples of the file. 🖏 🐪		
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included are:	·	:		4		
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twenty-five months and olde	<u> </u>	-	•	<u> </u>		
9. Annual Rate of Accumulation	on or Records	,				
Letter-size drawers	; Legal-size drawers; Shelves	;	Other (Specify)			
	<u> </u>		 			

S NO 10. Questionnaire (
a. Is this the official If not, where is i	ol copy of the series?		<u>.</u> .		1 14 44			
b. Does the series of	contain confidential informa	ation requiring security	handling? If yes, cit	e lew or regulation.				
c. Is this e vital rec	ord?		 					
	d. Does this series have historical or long term research value?							
e. When one or two	o documents in the file mak	ke it necessary to keep	the entire file for a lo	ng period, could these do	ocuments			
	on contained in this series ex	ver published? If yes,	ettach copy.	· · · · · · · · · · · · · · · · · · ·				
1 1 -	on contained in this series e	ver analyzed and/or rec	corded in a summarize	ed report?				
h. Is there a duplic	py. ation of this series in your o	office, or in another of	fice or agency?					
If yes, where? *	i je ji ji			·	·			
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b. Statute of limitation c. Federal law	years years		e. Administrativ	tion instructions	years.			
.c. recetal law	yedis	- Mar	· · · · · · · · · · · · · · · · · · ·	tion histractions	y cora.			
Attach copy or excerpt of laws	s or regulations. Explain ad	ministrative need.		• • • • •	 يعينه			
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. Approved Disposition Instruct	ions This agency recom	mends that the file seri	es he sut off at the er	ad of each:	· · ·			
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Secretary of State

Department of Archives and History

330 Capitol Avenue S.A. Atlanta, Georgia 30334

Max Cleiand SECRETARY OF STATE (404) 656-2881 Adward Weldon

DIRECTOR (404) 656-2358 INFORMATION (404) 656-2393

MEMORANDUM

T0:

Gerald Poe - RMO, DHR

FROM:

Peter E. Schinkel - Schedule Unit

DATE:

May .22, 1990

SUBJECT:

Acceptance of minor change report submitted

March 23, 1990; application #900328-01.

SCHEDULE #:

79-012-A effective February 25, 1986

SERIES:

"Cervical Cancer Screening Program Files,"

1982 and continuing.

CHANGE:

Item #1. Administering/Creating Offices;

From:

"Dept. Human Resources, Division of Public Health,

Division of Public hearen

Adult Health Unit

To:

"Dept. of Human Resources, Division of Public Health, Community Health Section,

Cancer Program"

CHANGE:

Item # 12. Cut-off for Central Cancer Control Program "Questionable and Positive Reports" AND District Offices and County Health Departments

"Negative Reports"

From:

"Calendar Year"

To:

"Fiscal Year"

7 38 8 -38

APPLICATION FOR RECORDS RETENTION SCHEDULE

Form 4998 (7-78)

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Géorgia 30334. Phone - (404) 656-4976 GIST: 221-4983 1. GEORGIA DEPARTMENT OF HUMAN RESOURCES **ARCHIVES AND HISTORY** DHR Application Number Division of Physical Health Application Date Chronic Disease Unit - Disease Preven-November 2, 1979 tion Programs / 618 Ponce de Leon, N.E. Date Received Date Completed **Application Number** Atlanta, Georgia 30306 NOV 2 9 1979 NOV 1 3 1978 DHR-44 Telephone Number **Working Title** 2. Person to Contact Health Program Consultant 894-5125 Mr. Bob Finton 3. Action Requested see page 3 and item 12 (this page) for Negative Reports disposition b.

Dispose of present accumulation; no further accumulation anticipated. c. Amend Application No. 79-12 __ Check One: 🖾 Change; 🔲 Supercede; 🔲 Void 5. Records Series Title (followed by title used in office; if different) 4. Dates of Series **Earliest** Letest Cervical Cancer Screening Program Files What is the function of the Division and the Office in which this record series is created? 6. Division and Office Function This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. 7. Records Series Description Documents relating to: Included are: The file is arranged : 8. Monthly Reference Rate How often are records referred to which are: Seven to twelve months old ___; Thirteen to twenty-four months old __ One to six months old _ twenty-five months and older. 9. Annual Rate of Accumulation or Records ...; Legal-size drawers; Shelves . Letter-size drawers

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YES NO 110. Questionnai	ire (Place on "X" in the proper sell,	umn) , , , , , , , , , , , , , , , , , , ,	#				
a. Is this the c	official copy of the series? re is it?						
b. Does the so	ories contain confidential information	n requiring security handling?	If yes, cite law or regulation.	-			
c. is this a vit	c. is this a vital record? d. Does this series have historical or long term research value?						
d. Does this s							
e. When one o	or two documents in the file make It	necessary to keep the entire	file for a long period, could the	se documents			
be schedule	ed separately?						
f. Is the infor	mation contained in this series ever p	sublished? If yes, attach cop	<u>ry.</u> ,				
g: is the infor	mation contained in this series ever a ch copy.	inalyzad and/or recorded in a	summarized report?	Contractives			
If yes, whe			ncy?	• f . :			
	es (or a major portion of it) regularly						
j. Does the n	ecord series result in a computer prim			Committee Committee			
11. Retention Requirements	The fo	ollowing requires the series to 영문	be kept:_				
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a. State Law	years.		dit period	years.			
b. Statute of limitation	7		iministrative need	years.			
c. Federal law		f. Fe	deral retention instructions	years.			
Attach conv or excerpt o	f laws or regulations. Explain adminis	istrative need.		•			
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12. Approved Disposition Ins	structions This agency recommens	ds that the file series be cut o	off at the end of each:				
	_	Fiscal Year; Other		then,			
☐ Hold in the current file	es area menth(s)	year(s); the	an				
	ng area; hold year(s						
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Other (Specify)		<u>Negati</u>	ve Reports	, ,			
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Agency Head/Designee (Sign	nature) Date	Records Managemer	nt Officer (Signature)	Date			
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Kovery, Tu	ulon 10/31/	79 Colina	beth IV. (-	earl 10/31/79			
		Elizabeth	W. Crank, C.R.M.				
		State Records	Committee (Signature)	- Date			
Recommendations in paragrap	1		$\sqrt{1}$				
12 are approved. (If disapproved, attach letter	State Auditor/Designee		N. June	11-27-79			
of explanation.)	Secretary of Sure Designee	Carrol	2 Hart	11-27-79			
	Attorney General/Designee	MId	11,011	11-7071			
Form 4988 (7-78)	<u> </u>	(Reverse Side)	WWW.	11/19/19			
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APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

	opleting this form contact DHR Records Management Unit, 4 56-4976 GIST: 221-4983	7 Trinity Avenue, A	tlanta, Georgia	
DHR	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES	ARCHIVES AND HISTORY		
Application Date	Division of Physical Health /Chronic	Application Number	_	
January 10, 1979	Disease Unit/ Disease Prevention Pro-	79-1	2	
Application Number	grams/ 618 Ponce de Leon Ave., N.E. Atlanta, Ga. 30306	Date Received	Date Completed	
DHR-1979-10	*	JAN 1 0 1979	FEB - 5 1979	
2. Person to Contact	Working Title Cervical Cancer Screening		Telephone Number	
Mr. Jack Landrum	Program Coordinator		894-5125	
	le; record will continue to accumulate. ation; no further accumulation anticipated. Check One: Change; Superced	de; 🗖 Void	. 1	
4. Dates of Series	5. Records Series Title (followed by title used in office; if different)			
Earliest Eatest 1973 to present	Cervical Cancer Screening Program File	s		
tion, direction, and coor by the establishment of h the physical and dental h daily State-wide program marriages, divorces, annu Chronic Disease Unit/ Dis major chronic diseases su rheumatic fever; develop techniques; provide nece heart attack factors thro	Health, through the leadership of the Director, 1 dination of the physical health programs throughout the standards for business, housing, and field ealth of adults and children; the diagnosis and of registration, statistical coding, certification liments of marriage, and deaths that occur each years Prevention Programs have the responsibility chas: high blood pressure, diabetes, glaucoma, mass screening techniques and train district and ssary equipment and supplies for mass screening; ugh use of a computer program; operate and admin as to provide treatment for persons with kidney doces.	ut Georgia. This operations; the control of diseas n, and preservati ar in the State. to identify and t cancer, stroke, h county health st compile statisti ister a cancer co	is accomplished improvement of ces; fand the con of births. creat adults with the ceart disease, and caffs in these con stroke and control program;	
	This file contains the following documents (include form numbers and	titles, if anyl: Attach	samples of the file	
	ntaining records of results for the cervic	•	•	
name and address 'phone, date of b income, clinic ty born alive, wheth family planning m laboratory access signature and agr purposes; form 3 low-up Questionna procedure and res	IS (1)-50 (new No. 3150) (Cervical Cancer of County Health Department; full client irth, telephone, Social Security #, dates pe, family history, menstrual status, # of er or not client is pregnant, post-hyst., ethod, results of last pap smear); name an ion no.; cytologic comments and recommenda eement that information on form will be us 151 (Follow-up Questionnaire to Physicians ire to Local Health Departments) show result, treatment and dispositon. The how often are records referred to which are:	information (n of pap smears, pregnancies, other, type of d address of p tions and sign ed for audit a /Clinics) and lt of repeat c nder, by last	ame, address, race, household # (of children) treatment, athologist; ature; client nd statistical form 3152 (Fol- ytology, biopsy	
B. Monthly Reference Rate One to six months old	; Seven to twelve months old rare; Thirteen to tw	or errors enty-four months old _	;	
*9. Annual Rate of Accumulation or				
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YES	NO	10. Questionnaire	(Place an "X" in the	preper eolumn)					
х		a. Is this the offici If not, where is	al copy of the series		complete i	nformation		-:	, ,
x		b. Does the series of	contain confidential	information requi	ring security hand	lling? If yes, cite i	ew or regulation.		٠
	х	c. Is this a vital rec		ng com iden	clairty of	records			
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$\mathbf{L} \cdot \mathbf{L}$	х	be scheduled sep	paretely? print	out of stat	istical in	formation w	ill be inclu	ided in	Director's
	х	f. Is the information	on contained in this	series ever publish	ed? If yes, attaci	овру.		bject 1	
	-	g. Is the information	on contained in this	series ever analyza	d and/or recorded	in a summarized	report?		
x	<u> </u>	If yes, attach co	PY comput	<u>er printout</u>	showing s	tatistical	information		
x		h. Is there a duplic	ation of this series in ppropriate	n your office, or it portions: D	another office o	ragency? fices & Cou	ntv Health I	Denartm	ents
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12. Ap	provec	Disposition Instruct	ions This agency	recommends that	the file series be	cut off at the end o	of each:	**	
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		er to State Archives for	or permanent retent	ien.			, r		
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12. Form DPH/HIS(1)-5- (new no. 3150) (Cervical Cancer Screening Report) When applicable:

Form 3151 (Rev. 3-78) (Follow-up Questionnaire to Physicians/ Clinics) Form 3152 (Rev. 3-78) (Follow-up Questionnaire to Local Health Departments)

Central Cancer Control Program

Negative Reports - Cut off file at end of each month; hold in current files area one year; transfer to State Records Center; hold 4 years; then destroy.

Questionable and Positive Reports - Place information from monthly accumulation of forms in computer; place in individual patient file folder; then,

Active file - Hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.

Inactive file - Cut off file at end of each calendar year; transfer
to State Records Center; hold 10 years; then destroy.

District Offices and County Health Departments

Negative Reports - Cut off file at end of each calendar year; hold in current files area 1 year; transfer to Local Holding Area; hold 2 years; then destroy.

Questionable or Positive Reports

Active file - Place information in individual patient file folder; hold all papers for individual client until it is determined that client is cured, is no longer in program, has reached age 75, or has died; then place all papers for that client in the inactive file.

Inactive file - Cut off file at end of each calendar year; transfer
to Local Holding Area; hold 5 years; then destroy.

Printouts (received monthly) (selected information from forms 3150, 3151, 3152)

Adult Health Screening - Cervical Cancer Screening Program (statistical report)

Central Cancer Control Program (reference copy)

Transfer 1 copy to Family Health Director's Office (record copy); cut off reference copy file at end of each calendar year; hold in current files area 1 year; transfer to State Records Center; hold 2 years; then destroy.

District Offices and County Health Departments (applicable portions)

Cut off file at end of each calendar year; hold in current files area 1 year; transfer to local holding area; hold 2 years; then destroy.

<u>Printouts</u> (continued)

Adult Health Screening - Cervical Cancer
Screening Program (statistical report)

Family Health Director's Office (record copy)

Include with FAMILY HEALTH DIRECTOR'S SUBJECT FILES - transferred annually to State Archives - Approved Schedule 74-460

Cervical Cancer Screening Program - Regular Program - Pathologist Payment List (financial list)

Central Cancer Control Program (reference copy)

Cut off file at end of each calendar year; hold in current files area one year; transfer to State Records Center; hold 4 years; then destroy.

DHR Office of Accounting Services (record copy)

Apply Approved Schedule No. 78-185 ACCOUNTS PAYABLE (Expenditure Voucher) FILES